



Health Care  Foundation
OF GREATER KANSAS CITY

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HEALTHY LIFESTYLE

The Health Care Foundation of Greater Kansas City aims to address the leading causes of preventable death by improving access to healthy eating and active living and by reducing the use of tobacco. Chronic disease has become epidemic, with nearly 50% of Americans living with at least one chronic illness. Obesity, heart disease, stroke, diabetes, cancer, and arthritis are now common, limiting an individual's functioning, activities, and overall health. These limitations adversely impact all facets of life.

Healthy behaviors can be challenging to adopt, but with community support and resources, success is more likely. Improvements to the physical or 'built' environment, and the social environments of communities - the places where people live, work, and play - can positively impact people's willingness to engage in healthy behaviors.

Specifically, recent obesity prevention research has emphasized the need to expand beyond individual programmatic changes and incorporate environmental and policy approaches to more effectively prevent obesity.

HCF is committed to promoting healthy lifestyles to the community as a whole. Since inception in 2005, HCF has funded over \$17 million in healthy lifestyles grants. These funds have enabled HCF and its partner organizations to encourage active living and increase access to healthy food using integrated programs and policies that support healthy norms and practices. These types of community efforts lay the groundwork for large-scale system improvements in transportation, parks and recreation, and food systems. Funding has also supported clean indoor air efforts in our region.

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SERVICE

AREA



There are high prevalence rates of smoking, obesity, and poor health among residents. Using county health rankings from the Robert Wood Johnson Foundation, it is clear that certain communities face more severe challenges than others, but when looked at as a whole, the entire metro area needs improvement (*See Table 1*).

Consider the following statistics about HCF's six-county service area:

- One in three persons is obese in every county except Johnson, where the number is one in four.

- One in four adults smoke in every county except Johnson and Lafayette, where 1 in 6 adults smoke.
- Large portions of the population (over 50% in most counties) have no access to healthy foods.

Local data shows a similar story with regard to chronic diseases (*See Table 2*). The diabetes rate is higher than the national average in five of HCF's six counties and substantially higher in Wyandotte (10.6%). Likewise stroke deaths were higher than the national average in Cass, Jackson and Wyandotte counties.

Table 1: HCF Service Area Profile: Lifestyle Measures

County	Adult Obesity (BMI \geq 30) ¹	Access to Healthy Foods ^{2*}	Adult Smoking ³	Reported No Exercise ⁴
Cass	30%	67%	25%	30%
Jackson	31%	60%	24%	24%
Lafayette	30%	42%	19%	28%
Allen	31%	33%	22%	33%
Johnson	23%	72%	15%	17%
Wyandotte	36%	75%	26%	37%

* Defined as the percent of zip codes with access to healthy food outlets like grocery stores and produce stands/farmers' market.


^{1,2,3} Source: 2011 County Health Rankings, Retrieved March 14, 2011, from www.countyhealthrankings.org/Missouri and www.countyhealthrankings.org/Kansas; Percent of zip codes with access to healthy food outlets like grocery stores and produce stands/farmer's market

⁴ Community Health Status Indicators; U.S. Department of Health and Human Services, 2000 to 2006

Obesity

Clearly, obesity is a national epidemic. But in Kansas and Missouri, the percent of adults who are obese is even higher than the national average. Missouri currently ranks the 13th highest in terms of obesity rates, while Kansas fares slightly better at the18th most obese. Trends in both states are similar to the national average with rates more than doubling over the past twenty years. In 1992, between 10% and 14% of adults were overweight in both states; in 2009 the rates were 28.1% in Kansas and 30% in Missouri respectively (Centers for Disease Control).

Missouri ranks the 13th highest and Kansas ranks slightly better at 18th in terms of national obesity, with rates more than doubling over the past twenty years.



Obesity is related to a number of health impacts.

- Over the past 10 years, the number of newly diagnosed diabetes cases in the United States nearly doubled from 4.8 per 1,000 to 9.1 per 1,000.⁵
- More than 80 percent of people with type 2 diabetes are overweight.⁶
- Obese individuals are 83% more likely to develop kidney disease than normal weight individuals.⁷
- Among individuals who have received a doctor’s diagnosis of arthritis, 68.8% are overweight or obese.⁸
- The related health care costs are estimated at \$657 million in Kansas and \$1.6 billion in Missouri.⁹

Table 2: HCF Service Area Profile: Chronic Disease

County	Diagnosed Diabetes (U.S. Average is 6.9%)	High Blood Pressure	Stoke Deaths per 100,000 (U.S. Average is 53)	Has Had High Cholesterol
Cass	8.4%	30.2%	64.1	36.5%
Jackson	8.7%	25.8%	57.7	38.1%
Lafayette	8.4%	N/A*	46.7	42.1%
Allen	8.4%	N/A*	45.1	N/A*
Johnson	8.4%	18.9%	45.1	N/A*
Wyandotte	10.6%	26.5%	70.8	N/A*

Sources: CDC Diabetes Data and Trends, 2008 State Data; U.S. Dept. of Health and Human Services, 2006; Missouri Department of Health & Senior Service Community Data Profiles; *Data not available in these counties.

Physical Activity and Active Living

According to the CDC, regular physical activity reduces the risk for developing heart disease, diabetes, high blood pressure and some cancers. Regular physical activity can also improve health by helping maintain a healthy weight and strengthen muscles and bones.¹⁰ Nationally, kids are less active today with 23% of children getting no physical activity. In 2008, 25% of Kansans and 27% of Missourians indicated that they did not allow any time for leisure physical activity.

Evidence-Informed Program and Policies
Strategies for promoting and sustaining physical activity within the community are becoming more common, as are efforts to enhance the environment. There is early scientific evidence that the home, work-place, and community environments influence a person’s level of physical activity. Safe Routes to School and Complete Streets are national programs being implemented in Metropolitan Kansas City to increase the physical activity of adults and children, while encouraging family involvement.

Multi-sector policies and programs reinforce efforts to increase physical activity. Examples include: tax credits for gym memberships; businesses allowing flex time for physical activity or offering onsite exercise facilities; mandatory physical education in schools, and Parents As Teachers programs that encourage parental involvement with children and limiting the time children watch television, play video games or use the computer.

⁵ CDC Behavioral Risk Factor Surveillance System 1995-97 and 2005-07
⁶ “Do You Know the Health Risks of Being Overweight?” Weight-Control Information Network, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
⁷ Wang, Y., X. Chen, Y. Song, B. Caballero, and L.J. Cheskin. “Association between Obesity and Kidney Disease: A Systematic Review and Meta-Analysis.” Kidney International 73, no. 1 (2008): 19-33
⁸ U.S. Centers for Disease Control and Prevention. “NHIS Arthritis Surveillance.” U.S. Department of Health and Human Services
⁹ Finkelstein, E.A., I.C. Fiebelkorn, and G. Wang. “State-Level Estimates of Annual Medical Expenditures Attributable to Obesity.” Obesity Research 12, no. 1 (January 2004): 18-24
¹⁰ Safe Routes to Schools National Partnership: <http://www.saferoutespartnership.org/mediacenter/quickfacts>



Access to Nutritious and Affordable Food/Healthy Eating

Good nutrition and a healthy diet are vital to our health. Fruits and vegetables are important for weight management, chronic disease prevention, and optimal child growth. Americans are now eating 31 percent more calories than we were forty years ago, and the average American now eats fifteen more pounds of sugar a year than in 1970.

Eating a healthy diet may be more difficult because healthy food options are not readily available, easily accessible, or affordable in many communities, particularly those in low-income or rural areas. In fact, 23.5 million Americans lack access to a supermarket within a mile of their home.

These “food deserts” are generally defined as those places where people live more than a mile from a supermarket and do not have access to a car. In practice, that encompasses both rural areas and the nation’s inner cities, where most mom-and-pop grocers have long since vanished and few full-line grocery stores have been built. For example, 82 of 213 grocery stores serving Kansas communities with populations of 2,500 or less have closed since 2006.

Number of low-income residents in the HCF service area living more than one mile from the nearest grocery store:

Jackson County - 36,713	5.2%
Cass County -9,951	9.9%
Lafayette County - 4,757	14.6%
Wyandotte County - 12,914	8.3%
Johnson County - 9,853	1.8%
Allen County - 2,268	17.2%

Source: County Health Rankings 2010, The Robert Wood Johnson Foundation and the University of Wisconsin



Another area that provides an opportunity to address some of these challenges with regard to both physical activity and active living is school and school policies. Children spend a majority of their time in schools and the environment there can have large implications for healthy behavior. Unfortunately there is much room for improvement on availability of healthy and nutritious food in schools, particularly in Missouri. A recent report by the CDC found that Missouri ranked near the bottom of states on these measures. Kansas fared slightly better.

Percentage of schools in which students could not purchase candy or salty snacks from vending machines at the school or at a school store, canteen, or snack bar.

State	2002	2004	2006	2008
Missouri	27.6%	27.8%	34.2%	53.3%
Kansas	–	–	31.9%	44.2%
State Median	29%	29.5%	45.7%	61.7%

Evidence-Informed Program and Policies

Some communities have adopted approaches to actively promote increased availability of fruits and vegetables and more nutritious food. Community-wide strategies include improved school nutrition standards in cafeteria meals and through removing candy, snacks and soda from vending machines; increased access to fresh fruits and vegetables through farmers’ markets and community gardens; improved availability and promotion of healthful foods in restaurants; and targeted taxation of junk food. The recently signed child nutrition bill is aimed at some of the issues. Under the guidelines, more fruits and vegetables would be included in each meal, most trans fats would be banned and salt would be cut in half over ten years.



Built Environment

Built environment is the infrastructure that makes up our community surroundings – human-built structures such as homes, schools and workplaces, transportation systems including roads and rail, green spaces such as parks and trails, and our energy and water networks. These factors affect numerous choices we make every day that can impact our health, including how we commute to work, what we eat, drink, and breathe, and how we play.

A 2009 report from Trust for America’s Health found the following impacts of the built environment on nutrition and physical activity.

- There is a direct relationship between living near at least one supermarket and meeting the U.S. Dietary Guidelines for fruit and vegetable intake. The presence of each additional supermarket increases fruit and vegetable consumption by 32 percent among African Americans and 11 percent among white Americans.

- Students are more likely to be overweight or obese if their school is located within one half-mile of a fast-food restaurant.
- Children and youth living in neighborhoods with more green space, such as parks, playing fields, trails and school yards were less likely to be overweight than their counterparts in less-green neighborhoods.

Evidence-Informed Program and Policies

Evidence-based approaches that create healthier built environments and community infrastructures to support healthy decisions include Complete Streets initiatives, promoting the use of walking and bicycling, building and integrating parks and trail systems, prioritizing the enforcement of safe and supportive neighborhoods, and zoning laws incentivizing grocers and markets that sell affordable, healthy food easily accessible to all residents.

Missouri has the fifth highest smoking rate in the nation and nearly 18% of Kansans smoke.

Tobacco Prevention and Smoking Cessation

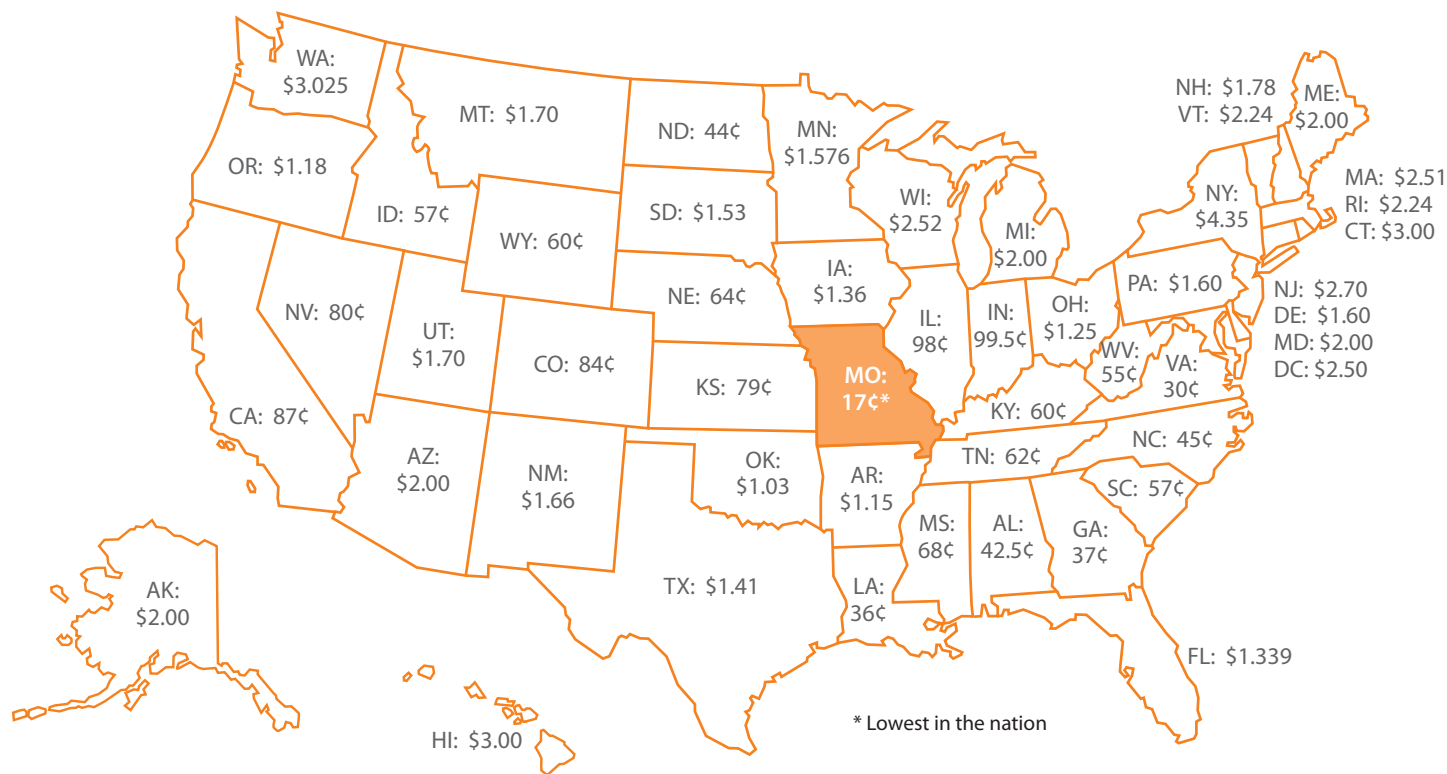
Smoking harms nearly every organ of the body and can cause many diseases. Smoking not only compromises the health of smokers, but secondhand smoke is also harmful to nonsmokers. Firsthand and secondhand smoke cause heart disease and lung cancer. A number of additional health conditions are caused by second-hand smoke, including sudden infant death syndrome (SIDS) and respiratory infections in children. It is clear that the prevention of smoking, and the promotion of smoking cessation, are critical aspects of any healthy lifestyle program.

Missouri has the fifth highest smoking rate in the nation, where 23% of the adult population smokes. Nearly 18% of adult Kansans smoke. Kansas and Missouri together see over 13,000 deaths each year from smoking and nearly 1,600 more deaths from second hand smoke.



	Kansas	Missouri
High school students who smoke	16.9%	18.9%
Adults who smoke	17.8%	23.1%
Adults who die each year from smoking	3,800	9,500
Annual adult deaths from secondhand smoke	400	1,180
Annual health care expenditures caused by tobacco use	\$927 million	\$2.13 billion
State Medicaid Program’s Expenditures caused by tobacco use	\$196 million	\$352 million ¹¹

¹¹ HCF White Paper: Tobacco in Kansas and Missouri: Policy Options to Reduce the Burden, January 2011



Impact of the Affordable Care Act

The Affordable Care Act has a heavy emphasis on prevention, both to control costs and to promote health and well-being. A new \$15 billion Prevention and Public Health Fund begins investing in proven prevention and public health programs that can help keep Americans healthy – from creating healthier school environments to creating infrastructure that supports active living. In 2010, \$500 million of this was authorized; \$750 million was authorized in 2011.

Some additional provisions include:

- Medicaid coverage of tobacco cessation services for pregnant women began.
- Grants will be provided for up to five years to small employers that establish wellness programs.

- \$100 million in grants to enable states to provide incentives to Medicaid beneficiaries who complete a healthy lifestyles program and demonstrate changes in healthy behaviors. This would include needs such as tobacco cessation, weight loss, and lowering blood pressure.
- Chain restaurants and food sold from vending machines are required to disclose the nutritional content of each item.
- Competitive grants to health departments for pilot programs to provide community-based public health programming to individuals between 55 and 64 years of age. Activities may include efforts to improve nutrition, increase physical activity, reduce tobacco and substance use, and improve mental health.



Evidence-Informed Program and Policies

There is some successful evidence from educational campaigns targeting teens and young adults before they become smokers. However, it will likely take community cultural shifts to reduce smoking among young people. Targeted strategies include increasing tobacco prices, ensuring that tobacco is not available for sale in places frequented by children, and supporting clean indoor air laws that simultaneously reduce smoking while protecting employees and the general public from secondhand smoke.

Cigarette taxes have also proven to reduce the number of smokers, particularly among youth. These taxes can also raise much-needed public revenue to treat the negative health effects of smoking and secondhand smoke. Missouri's cigarette tax of \$0.17 per pack is the lowest in the nation. Kansas' is only the 36th highest in the nation at \$0.79, while the average state tax is \$1.45 per pack. Increasing Missouri's cigarette tax from \$0.17 per pack to \$1.00 per pack would raise nearly \$400 million per year in state revenue while saving thousands of lives. Long-term health care savings from the decline in smoking would be over \$2 billion.



WHAT CAN COMMUNITIES DO TO ENCOURAGE HEALTHY LIFESTYLES?

The following are national strategies adopted by the Healthy Eating Active Living Convergence Partnership for creating healthy eating and active living in communities.

- Build more parks, playgrounds and trails.
- Complete streets mindset - building road networks that are safer, more livable, and welcoming to all users including pedestrians and bicyclists.
- Grocery stores that offer affordable, healthy food and are accessible to everyone.
- Support community gardens and farmers' markets.